



**AUTOMATIC BILL PAYMENT
FOR
CITY OF GRAND HAVEN
PROPERTY TAXES**

Authorization for Automatic Bill Payment

I (print name of checking/savings account holder), _____
authorize my bank to make payment directly to the City of Grand Haven and post them to my bank
account. Such payments shall be equal to the amount shown on the summer and/or winter property
tax bills and payable on the due date shown on that bill, with the option on winter billing for an end of
the calendar year (12/30) payment. Adjusting entries to correct errors are also authorized. It is agreed
that these withdrawals and adjustments may be made electronically and under the Rules of the
Michigan Automated Clearing House Association. This authorization will remain in effect until
written notice of termination is given to the City of Grand Haven.

Name (as shown on your bill): _____

Property Address/Parcel Number: _____

Mailing Address (if different): _____

City/State/Zip: _____

Daytime Phone: _____

Bank Name & Address: _____

Checking/Savings Account Number: _____

(Please circle one)

(Attach a **VOIDED** check or deposit slip with form)

**Date choice for winter tax bill: December 30th or February due date (Circle One) (if December 30th falls on a
weekend, the money will be debited on the last business day of December)**

SIGNATURE: _____ DATE: _____

Return to: City of Grand Haven
Treasurer's Office
519 Washington Avenue
Grand Haven MI 49417
(616) 842-3210

Office Use: Date Recd: _____
Begin w/billing: _____
Bank ABA#: _____